

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085379 (3)**

1. Corporation Name

**PROLIFIC RECORDS, INC.**

Principal Place of Business

8624 SW 15 ST  
PEMBROKE PINES FL 33025

Mailing Address

8624 SW 15 ST  
PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

21. Principal Place of Business

21 SAME ABOVE

2a. Mailing Address

26

4. FEI Number

ETN 65-0540402

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

Country

25 USA

29. Zip

Country

30

9. Name and Address of Current Registered Agent

WILSON, NORMAN G  
8624 SW 15 ST  
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0904, Florida Statutes.

SIGNATURE

*Norman G Wilson*

4-27-95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUTLER, EDDIE
STREET ADDRESS	8624 SW 15 ST
CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE	D
NAME	MURRAY, ADRIAN L
STREET ADDRESS	8624 SW 15 ST
CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE	D
NAME	MURRAY, GERALD
STREET ADDRESS	8624 SW 15 ST
CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE	D
NAME	MURRAY, ERIC
STREET ADDRESS	8624 SW 15 ST
CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE	D
NAME	MURRAY, CEDRIC L
STREET ADDRESS	8624 SW 15 ST
CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE	D
NAME	WILSON, NORMAN G
STREET ADDRESS	8624 SW 15 ST
CITY - ST - ZIP	PEMBROKE PINES FL 33025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DROP
1.3 STREET ADDRESS	EDDIE BUTLER
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment, with an address.

SIGNATURE:

*Norman G Wilson*

4-27-95

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

(Type in Block 8)